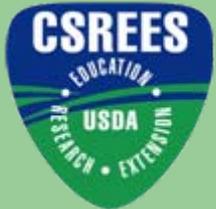


Steps to Successfully Complete EFNEP Budgets

By: Stephanie M. Blake,
EFNEP Program Specialist



December 2007

Visit the EFNEP Planning and Reporting Webpage

<http://www.csrees.usda.gov/business/reporting/efnep.html>

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Business with CSREES

Expanded Food and Nutrition Education Program Reporting Forms

Forms	Due Date	Fiscal Year	Submit via* System/Offices
SF-272, Federal Transactions Report-4rd quarter	11/15/2008	2008	DHHS
SF-272, Federal Transactions Report-1st quarter	02/15/2008	2008	DHHS
SF-269, Financial Status Report	04/01/2008	2007	OS
FY 2008 Budget Sheet (revised)	TBD	2008	NPL
FY 2008 Budget Justification (Guidelines)	TBD	2008	NPL
Annual Update (Guidelines)	01/15/2008	2008	NPL
Letter of Intent (Guidelines)		2011	NPL
SF-272, Federal Transactions Report-2nd quarter	05/15/2008	2008	DHHS
Certification Regarding Lobbying (for 1890s only)	08/15/2007	2008	OS
SF-272, Federal Transactions Report-3rd quarter	08/15/2008	2008	DHHS

Review Budget Justification Narrative Guidelines

- Click on “Budget Justification (Guidelines)”
- Review the information on budget categories
- Determine where expenditures should be listed on the budget

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Expanded Food and Nutrition Education Program Reporting Forms

Business with CSREES

Expanded Food and Nutrition Education Program Re

Forms	Due Date
SF-272, Federal Transactions Report-4rd quarter	11/15/2008
SF-272, Federal Transactions Report-1st quarter	02/15/2008
SF-269, Financial Status Report	04/01/2008
FY 2008 Budget Sheet (revised)	TBD
FY 2008 Budget Justification (Guidelines)	TBD
Annual Update (Guidelines)	01/15/2008
Letter of Intent (Guidelines)	
SF-272, Federal Transactions Report-2nd quarter	05/15/2008
Certification Regarding Lobbying (for 1890s only)	08/15/2007
SF-272, Federal Transactions Report-3rd quarter	08/15/2008

Obtain a copy of the Budget Sheet

- Click on “Budget Sheet (revised)” to access the excel spreadsheet
- Select to save the file to your computer

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Expanded Food and Nutrition Education Program Reporting Forms

Business with CSREES

Expanded Food and Nutrition Education Program Re

Forms	Due Date
SF-272, Federal Transactions Report-4rd quarter	11/15/2008
SF-272, Federal Transactions Report-1st quarter	02/15/2008
SF-269, Financial Status Report	04/01/2008
FY 2008 Budget Sheet (revised)	TBD
FY 2008 Budget Justification (Guidelines)	TBD
Annual Update (Guidelines)	01/15/2008
Letter of Intent (Guidelines)	
SF-272, Federal Transactions Report-2nd quarter	05/15/2008
Certification Regarding Lobbying (for 1890s only)	08/15/2007
SF-272, Federal Transactions Report-3rd quarter	08/15/2008

Enter your Institution: cell C6

	A	B	C	D	E	F	G	H
1	COOPERATIVE EXTENSION WORK SUMMARY BUDGET STATEMENT							
2	Expanded Food and Nutrition Education Program (EFNEP)							
3								
4								
5			State:				Estimated Carryover	
6			Institution:				Current Allocation	
7			Fiscal Year Ending: September 30,				Total Funds Available	\$ -
8								
9								
10	COOPERATIVE EXTENSION WORK BUDGET BY OBJECT CLASSIFICATION							
11								
12	EFNEP Funding	Salaries		Additional Expenses				
13		FTE	Amount	Travel	Equipment	Other Expenses	Total Amount	
14							\$ -	
15	<i>Professional</i>						\$ -	
16	<i>Paraprofessional/Technical</i>						\$ -	
17	<i>Clerical & Secretarial</i>						\$ -	
18		TOTAL	0.0	\$ -	\$ -	\$ -	\$ -	
19	Other Sources of Funding (university, county, non-tax, etc.)							
20							\$ -	
21							\$ -	
22							\$ -	
23							\$ -	
24							\$ -	
25							\$ -	
26							\$ -	
27		TOTAL OTHER FUNDS	0.0	\$ -	\$ -	\$ -	\$ -	
28		TOTAL ALL FUNDING	0.0	\$ -	\$ -	\$ -	\$ -	
29								
30								
31			Approved:					
32				<i>(Director or Administrator, State Extension Service)</i>			<i>(Date)</i>	
33								

Enter the Fiscal Year: cell E7

	A	B	C	D	E	F	G	H
1	COOPERATIVE EXTENSION WORK SUMMARY BUDGET STATEMENT							
2	Expanded Food and Nutrition Education Program (EFNEP)							
3								
4								
5		State:				Estimated Carryover		
6		Institution:				Current Allocation		
7		Fiscal Year Ending: September 30,				Total Funds Available		\$ -
8								
9								
10	COOPERATIVE EXTENSION WORK BUDGET BY OBJECT CLASSIFICATION							
11								
12	EFNEP Funding		Salaries		Additional Expenses		Total Amount	
13			FTE	Amount	Travel	Equipment		Other Expenses
14	<i>Professional</i>						\$ -	
15	<i>Paraprofessional/Technical</i>						\$ -	
16	<i>Clerical & Secretarial</i>						\$ -	
17	TOTAL		0.0	\$ -	\$ -	\$ -	\$ -	
18								
19	Other Sources of Funding (university, county, non-tax, etc.)							
20							\$ -	
21							\$ -	
22							\$ -	
23							\$ -	
24							\$ -	
25							\$ -	
26							\$ -	
27	TOTAL OTHER FUNDS		0.0	\$ -	\$ -	\$ -	\$ -	
28	TOTAL ALL FUNDING		0.0	\$ -	\$ -	\$ -	\$ -	
29								
30								
31		Approved:						
32		<i>(Director or Administrator, State Extension Service)</i>						<i>(Date)</i>
33								

Enter Current Allocation*: cell H6

	A	B	C	D	E	F	G	H
1	COOPERATIVE EXTENSION WORK SUMMARY BUDGET STATEMENT							
2	Expanded Food and Nutrition Education Program (EFNEP)							
3								
4								
5		State:					Estimated Carryover	
6		Institution:					Current Allocation	
7		Fiscal Year Ending: September 30,					Total Funds Available	\$ -
8								
9								
10	COOPERATIVE EXTENSION WORK BUDGET BY OBJECT CLASSIFICATION							
11								
12	EFNEP Funding	Salaries		Additional Expenses			Total Amount	
13		FTE	Amount	Travel	Equipment	Other Expenses		
14		<i>Professional</i>					\$ -	
15		<i>Paraprofessional/Technical</i>					\$ -	
16		<i>Clerical & Secretarial</i>					\$ -	
17		TOTAL	0.0	\$ -	\$ -	\$ -	\$ -	
18								
19	Other Sources of Funding (university, county, non-tax, etc.)							
20								\$ -
21								\$ -
22								\$ -
23								\$ -
24								\$ -
25								\$ -
26								\$ -
27		TOTAL OTHER FUNDS	0.0	\$ -	\$ -	\$ -	\$ -	\$ -
28		TOTAL ALL FUNDING	0.0	\$ -	\$ -	\$ -	\$ -	\$ -
29								
30								
31		Approved:						
32			<i>(Director or Administrator, State Extension Service)</i>					<i>(Date)</i>
33								

*To view current allocation visit - <http://www.csrees.usda.gov/business/awards/formula/smithlever.html#distribution>

Total Funds Available will Calculate Automatically*: cell H7

	A	B	C	D	E	F	G	H
1	COOPERATIVE EXTENSION WORK SUMMARY BUDGET STATEMENT							
2	Expanded Food and Nutrition Education Program (EFNEP)							
3								
4								
5		State:				Estimated Carryover		
6		Institution:				Current Allocation		
7		Fiscal Year Ending: September 30,				Total Funds Available		\$ -
8								
9								
10	COOPERATIVE EXTENSION WORK BUDGET BY OBJECT CLASSIFICATION							
11								
12	EFNEP Funding		Salaries		Additional Expenses		Total Amount	
13			FTE	Amount	Travel	Equipment		Other Expenses
14	<i>Professional</i>						\$ -	
15	<i>Paraprofessional/Technical</i>						\$ -	
16	<i>Clerical & Secretarial</i>						\$ -	
17	TOTAL		0.0	\$ -	\$ -	\$ -	\$ -	
18								
19	Other Sources of Funding (university, county, non-tax, etc.)							
20								\$ -
21								\$ -
22								\$ -
23								\$ -
24								\$ -
25								\$ -
26								\$ -
27	TOTAL OTHER FUNDS		0.0	\$ -	\$ -	\$ -	\$ -	\$ -
28	TOTAL ALL FUNDING		0.0	\$ -	\$ -	\$ -	\$ -	\$ -
29								
30								
31		Approved:						
32		<i>(Director or Administrator, State Extension Service)</i>						<i>(Date)</i>
33								

*If total does not calculate automatically, enter the total amount

Enter Professional FTE*, Salary and Expenses: cells C14-G14

	A	B	C	D	E	F	G	H
1	COOPERATIVE EXTENSION WORK SUMMARY BUDGET STATEMENT							
2	Expanded Food and Nutrition Education Program (EFNEP)							
3								
4								
5		State:					Estimated Carryover	
6		Institution:					Current Allocation	
7		Fiscal Year Ending: September 30,					Total Funds Available	\$ -
8								
9								
10	COOPERATIVE EXTENSION WORK BUDGET BY OBJECT CLASSIFICATION							
11								
12	EFNEP Funding	Salaries		Additional Expenses			Total Amount	
13		FTE	Amount	Travel	Equipment	Other Expenses		
14	<i>Professional</i>						-	
15	<i>Paraprofessional/Technical</i>						-	
16	<i>Clerical & Secretarial</i>						-	
17	TOTAL	0.0	\$ -	\$ -	\$ -	\$ -	\$ -	
18								
19	Other Sources of Funding (university, county, non-tax, etc.)							
20								\$ -
21								\$ -
22								\$ -
23								\$ -
24								\$ -
25								\$ -
26								\$ -
27	TOTAL OTHER FUNDS	0.0	\$ -	\$ -	\$ -	\$ -		\$ -
28	TOTAL ALL FUNDING	0.0	\$ -	\$ -	\$ -	\$ -		\$ -
29								
30								
31		Approved:						
32			<i>(Director or Administrator, State Extension Service)</i>					<i>(Date)</i>
33								

*FTE stands for Full Time Equivalent. One FTE = 2080 hrs. per year

Professional Total Amount will calculate automatically: cell H14

	A	B	C	D	E	F	G	H
1	COOPERATIVE EXTENSION WORK SUMMARY BUDGET STATEMENT							
2	Expanded Food and Nutrition Education Program (EFNEP)							
3								
4								
5		State:					Estimated Carryover	
6		Institution:					Current Allocation	
7		Fiscal Year Ending: September 30,					Total Funds Available	\$ -
8								
9								
10	COOPERATIVE EXTENSION WORK BUDGET BY OBJECT CLASSIFICATION							
11								
12	EFNEP Funding	Salaries		Additional Expenses			Total Amount	
13		FTE	Amount	Travel	Equipment	Other Expenses		
14	<i>Professional</i>						\$ -	
15	<i>Paraprofessional/Technical</i>						\$ -	
16	<i>Clerical & Secretarial</i>						\$ -	
17	TOTAL	0.0	\$ -	\$ -	\$ -	\$ -	\$ -	
18								
19	Other Sources of Funding (university, county, non-tax, etc.)							
20								\$ -
21								\$ -
22								\$ -
23								\$ -
24								\$ -
25								\$ -
26								\$ -
27	TOTAL OTHER FUNDS	0.0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
28	TOTAL ALL FUNDING	0.0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
29								
30								
31		Approved:						
32			<i>(Director or Administrator, State Extension Service)</i>					<i>(Date)</i>
33								

*If total does not calculate automatically, enter the total amount

Enter Paraprofessional FTE*, Salary and Expenses: cells C15-G15

	A	B	C	D	E	F	G	H
1	COOPERATIVE EXTENSION WORK SUMMARY BUDGET STATEMENT							
2	Expanded Food and Nutrition Education Program (EFNEP)							
3								
4								
5		State:					Estimated Carryover	
6		Institution:					Current Allocation	
7		Fiscal Year Ending: September 30,					Total Funds Available	\$ -
8								
9								
10	COOPERATIVE EXTENSION WORK BUDGET BY OBJECT CLASSIFICATION							
11								
12	EFNEP Funding	Salaries		Additional Expenses				
13		FTE	Amount	Travel	Equipment	Other Expenses	Total Amount	
14	<i>Professional</i>						\$ -	
15	<i>Paraprofessional/Technical</i>						\$ -	
16	<i>Clerical & Secretarial</i>						\$ -	
17	TOTAL	0.0	\$ -	\$ -	\$ -	\$ -	\$ -	
18								
19	Other Sources of Funding (university, county, non-tax, etc.)							
20								\$ -
21								\$ -
22								\$ -
23								\$ -
24								\$ -
25								\$ -
26								\$ -
27	TOTAL OTHER FUNDS	0.0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
28	TOTAL ALL FUNDING	0.0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
29								
30								
31		Approved:						
32			<i>(Director or Administrator, State Extension Service)</i>					<i>(Date)</i>
33								

*FTE stands for Full Time Equivalent. One FTE = 2080 hrs. per year

Paraprofessional Total Amount will calculate automatically*: cell H15

	A	B	C	D	E	F	G	H
1	COOPERATIVE EXTENSION WORK SUMMARY BUDGET STATEMENT							
2	Expanded Food and Nutrition Education Program (EFNEP)							
3								
4								
5		State:					Estimated Carryover	
6		Institution:					Current Allocation	
7		Fiscal Year Ending: September 30,					Total Funds Available	\$ -
8								
9								
10	COOPERATIVE EXTENSION WORK BUDGET BY OBJECT CLASSIFICATION							
11								
12	EFNEP Funding	Salaries		Additional Expenses			Total Amount	
13		FTE	Amount	Travel	Equipment	Other Expenses		
14	<i>Professional</i>						\$ -	
15	<i>Paraprofessional/Technical</i>						\$ -	
16	<i>Clerical & Secretarial</i>						\$ -	
17	TOTAL	0.0	\$ -	\$ -	\$ -	\$ -	\$ -	
18								
19	Other Sources of Funding (university, county, non-tax, etc.)							
20								\$ -
21								\$ -
22								\$ -
23								\$ -
24								\$ -
25								\$ -
26								\$ -
27	TOTAL OTHER FUNDS	0.0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
28	TOTAL ALL FUNDING	0.0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
29								
30								
31		Approved:						
32			<i>(Director or Administrator, State Extension Service)</i>					<i>(Date)</i>
33								

*If total does not calculate automatically, enter the total amount

**! Paraprofessional Total
Amount must be at least 60%
of the Current Allocation**

Paraprofessional Total Amount

- “At least sixty (60) percent of the total annual Federal appropriation to each state is to be used for paraprofessional personnel and their support costs”
(see <http://www.csrees.usda.gov/nea/food/efnep/pdf/program-policy.pdf>)
- If your budget sheet does not adhere to this policy it will not be approved.

Paraprofessional Total Amount

- To calculate % of funds allocated in support of paraprofessional staff: divide the total amount for Paraprofessionals by the Current Allocation
- **Hint:** Cell I15 (“eye”15) automatically calculates the above value. If cell I15 is less than 60% it will turn red indicating the budget needs to be revised.

Enter Clerical & Secretarial FTE*, Salary and Expenses: cells C16-G16

	A	B	C	D	E	F	G	H
1	COOPERATIVE EXTENSION WORK SUMMARY BUDGET STATEMENT							
2	Expanded Food and Nutrition Education Program (EFNEP)							
3								
4								
5		State:					Estimated Carryover	
6		Institution:					Current Allocation	
7		Fiscal Year Ending: September 30,					Total Funds Available	\$ -
8								
9								
10	COOPERATIVE EXTENSION WORK BUDGET BY OBJECT CLASSIFICATION							
11								
12	EFNEP Funding	Salaries		Additional Expenses				
13		FTE	Amount	Travel	Equipment	Other Expenses	Total Amount	
14	<i>Professional</i>						\$ -	
15	<i>Paraprofessional/Technical</i>						\$ -	
16	<i>Clerical & Secretarial</i>						\$ -	
17	TOTAL	0.0	\$ -	\$ -	\$ -	\$ -	\$ -	
18								
19	Other Sources of Funding (university, county, non-tax, etc.)							
20								\$ -
21								\$ -
22								\$ -
23								\$ -
24								\$ -
25								\$ -
26								\$ -
27	TOTAL OTHER FUNDS	0.0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
28	TOTAL ALL FUNDING	0.0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
29								
30								
31		Approved:						
32			<i>(Director or Administrator, State Extension Service)</i>					<i>(Date)</i>
33								

*FTE is Full Time Equivalent (FTE). One FTE = 2080 hrs. per year

Clerical & Secretarial Total Amount will calculate automatically*: cell H16

	A	B	C	D	E	F	G	H
1	COOPERATIVE EXTENSION WORK SUMMARY BUDGET STATEMENT							
2	Expanded Food and Nutrition Education Program (EFNEP)							
3								
4								
5		State:					Estimated Carryover	
6		Institution:					Current Allocation	
7		Fiscal Year Ending: September 30,					Total Funds Available	\$ -
8								
9								
10	COOPERATIVE EXTENSION WORK BUDGET BY OBJECT CLASSIFICATION							
11								
12	EFNEP Funding	Salaries		Additional Expenses				
13		FTE	Amount	Travel	Equipment	Other Expenses	Total Amount	
14	<i>Professional</i>						\$ -	
15	<i>Paraprofessional/Technical</i>						\$ -	
16	<i>Clerical & Secretarial</i>						\$ -	
17	TOTAL	0.0	\$ -	\$ -	\$ -	\$ -	\$ -	
18								
19	Other Sources of Funding (university, county, non-tax, etc.)							
20								\$ -
21								\$ -
22								\$ -
23								\$ -
24								\$ -
25								\$ -
26								\$ -
27	TOTAL OTHER FUNDS	0.0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
28	TOTAL ALL FUNDING	0.0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
29								
30								
31		Approved:						
32			<i>(Director or Administrator, State Extension Service)</i>					<i>(Date)</i>
33								

*If total does not calculate automatically, enter the total amount

Column Totals will Calculate Automatically*: cells C17-H17

	A	B	C	D	E	F	G	H
1	COOPERATIVE EXTENSION WORK SUMMARY BUDGET STATEMENT							
2	Expanded Food and Nutrition Education Program (EFNEP)							
3								
4								
5		State:					Estimated Carryover	
6		Institution:					Current Allocation	
7		Fiscal Year Ending: September 30,					Total Funds Available	\$ -
8								
9								
10	COOPERATIVE EXTENSION WORK BUDGET BY OBJECT CLASSIFICATION							
11								
12	EFNEP Funding	Salaries		Additional Expenses				
13		FTE	Amount	Travel	Equipment	Other Expenses	Total Amount	
14		<i>Professional</i>					\$ -	
15		<i>Paraprofessional/Technical</i>					\$ -	
16		<i>Clerical & Secretarial</i>					\$ -	
17		TOTAL	0.0	\$ -	\$ -	\$ -	\$ -	
18								
19	Other Sources of Funding (university, county, non-tax, etc.)							
20								\$ -
21								\$ -
22								\$ -
23								\$ -
24								\$ -
25								\$ -
26								\$ -
27		TOTAL OTHER FUNDS	0.0	\$ -	\$ -	\$ -	\$ -	\$ -
28		TOTAL ALL FUNDING	0.0	\$ -	\$ -	\$ -	\$ -	\$ -
29								
30								
31		Approved:						
32			<i>(Director or Administrator, State Extension Service)</i>					<i>(Date)</i>
33								

*If total does not calculate automatically, enter the total amount

! Verify that cell H7 - Total Funds Available equals cell H17 Total Amount

	A	B	C	D	E	F	G	H
1	COOPERATIVE EXTENSION WORK SUMMARY BUDGET STATEMENT							
2	Expanded Food and Nutrition Education Program (EFNEP)							
3								
4								
5		State:				Estimated Carryover	\$	-
6		Institution:				Current Allocation		
7		Fiscal Year Ending: September 30,				Total Funds Available	\$	-
8								
9								
10	COOPERATIVE EXTENSION WORK BUDGET BY OBJECT CLASSIFICATION							
11								
12	EFNEP Funding	Salaries		Additional Expenses				
13		FTE	Amount	Travel	Equipment	Other Expenses	Total Amount	
14		<i>Professional</i>					\$ -	
15		<i>Paraprofessional/Technical</i>					\$ -	
16		<i>Clerical & Secretarial</i>					\$ -	
17		TOTAL	0.0	\$ -	\$ -	\$ -	\$ -	
18								
19	Other Sources of Funding (university, county, non-tax, etc.)							
20							\$ -	
21							\$ -	
22							\$ -	
23							\$ -	
24							\$ -	
25							\$ -	
26							\$ -	
27		TOTAL OTHER FUNDS	0.0	\$ -	\$ -	\$ -	\$ -	
28		TOTAL ALL FUNDING	0.0	\$ -	\$ -	\$ -	\$ -	
29								
30								
31		Approved:						
32			<i>(Director or Administrator, State Extension Service)</i>					<i>(Date)</i>
33								

List Other Sources of EFNEP Funding

	A	B	C	D	E	F	G	H
1	COOPERATIVE EXTENSION WORK SUMMARY BUDGET STATEMENT							
2	Expanded Food and Nutrition Education Program (EFNEP)							
3								
4								
5		State:				Estimated Carryover	\$	-
6		Institution:				Current Allocation		
7		Fiscal Year Ending: September 30,				Total Funds Available	\$	-
8								
9								
10	COOPERATIVE EXTENSION WORK BUDGET BY OBJECT CLASSIFICATION							
11								
12	EFNEP Funding	Salaries		Additional Expenses			Total Amount	
13		FTE	Amount	Travel	Equipment	Other Expenses		
14		<i>Professional</i>					\$ -	
15		<i>Paraprofessional/Technical</i>					\$ -	
16		<i>Clerical & Secretarial</i>					\$ -	
17		TOTAL	0.0	\$ -	\$ -	\$ -	\$ -	
18								
19	Other Sources of Funding (university, county, non-tax, etc.)							\$ -
20							\$ -	
21							\$ -	
22							\$ -	
23							\$ -	
24							\$ -	
25							\$ -	
26							\$ -	
27		TOTAL OTHER FUNDS	0.0	\$ -	\$ -	\$ -	\$ -	
28		TOTAL ALL FUNDING	0.0	\$ -	\$ -	\$ -	\$ -	
29								
30								
31		Approved:						
32			<i>(Director or Administrator, State Extension Service)</i>					<i>(Date)</i>

List the Names of Other Sources of Funding: cells A20-A26 (add rows as needed*)

	A	B	C	D	E	F	G	H
1	COOPERATIVE EXTENSION WORK SUMMARY BUDGET STATEMENT							
2	Expanded Food and Nutrition Education Program (EFNEP)							
3								
4								
5		State:				Estimated Carryover	\$	-
6		Institution:				Current Allocation		
7		Fiscal Year Ending: September 30,				Total Funds Available	\$	-
8								
9								
10	COOPERATIVE EXTENSION WORK BUDGET BY OBJECT CLASSIFICATION							
11								
12	EFNEP Funding	Salaries		Additional Expenses				
13		FTE	Amount	Travel	Equipment	Other Expenses	Total Amount	
14		<i>Professional</i>					\$	-
15		<i>Paraprofessional/Technical</i>					\$	-
16		<i>Clerical & Secretarial</i>					\$	-
17		TOTAL	0.0	\$ -	\$ -	\$ -	\$ -	\$ -
18								
19	Other Sources of Funding (university, county, non-tax, etc.)							
20							\$	-
21							\$	-
22							\$	-
23							\$	-
24							\$	-
25							\$	-
26							\$	-
27		TOTAL OTHER FUNDS	0.0	\$ -	\$ -	\$ -	\$ -	\$ -
28		TOTAL ALL FUNDING	0.0	\$ -	\$ -	\$ -	\$ -	\$ -
29								
30								
31		Approved:						
32			<i>(Director or Administrator, State Extension Service)</i>					<i>(Date)</i>

* ! - If rows are added formulas to calculate totals may need to be adjusted

Enter FTE, Salary and Expenses for Other Sources of Funding: cells C-G, 20-26

	A	B	C	D	E	F	G	H
1	COOPERATIVE EXTENSION WORK SUMMARY BUDGET STATEMENT							
2	Expanded Food and Nutrition Education Program (EFNEP)							
3								
4								
5		State:					Estimated Carryover	
6		Institution:					Current Allocation	
7		Fiscal Year Ending: September 30,					Total Funds Available	\$ -
8								
9								
10	COOPERATIVE EXTENSION WORK BUDGET BY OBJECT CLASSIFICATION							
11								
12	EFNEP Funding	Salaries		Additional Expenses				
13		FTE	Amount	Travel	Equipment	Other Expenses	Total Amount	
14	<i>Professional</i>						\$ -	
15	<i>Paraprofessional/Technical</i>						\$ -	
16	<i>Clerical & Secretarial</i>						\$ -	
17	TOTAL	0.0	\$ -	\$ -	\$ -	\$ -	\$ -	
18								
19	Other Sources of Funding (university, county, non-tax, etc.)							
20								\$ -
21								\$ -
22								\$ -
23								\$ -
24								\$ -
25								\$ -
26								\$ -
27	TOTAL OTHER FUNDS	0.0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
28	TOTAL ALL FUNDING	0.0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
29								
30								
31		Approved:						
32			<i>(Director or Administrator, State Extension Service)</i>					<i>(Date)</i>
33								

! - If rows are added formulas to calculate totals may need to be adjusted

Total Amounts for Other Sources of Funding will calculate automatically: cell H20-H26

	A	B	C	D	E	F	G	H
1	COOPERATIVE EXTENSION WORK SUMMARY BUDGET STATEMENT							
2	Expanded Food and Nutrition Education Program (EFNEP)							
3								
4								
5		State:				Estimated Carryover		
6		Institution:				Current Allocation		
7		Fiscal Year Ending: September 30,				Total Funds Available		\$ -
8								
9								
10	COOPERATIVE EXTENSION WORK BUDGET BY OBJECT CLASSIFICATION							
11								
12	EFNEP Funding	Salaries		Additional Expenses			Total Amount	
13		FTE	Amount	Travel	Equipment	Other Expenses		
14	<i>Professional</i>						\$ -	
15	<i>Paraprofessional/Technical</i>						\$ -	
16	<i>Clerical & Secretarial</i>						\$ -	
17	TOTAL	0.0	\$ -	\$ -	\$ -	\$ -	\$ -	
18								
19	Other Sources of Funding (university, county, non-tax, etc.)							
20							\$ -	
21							\$ -	
22							\$ -	
23							\$ -	
24							\$ -	
25							\$ -	
26							\$ -	
27	TOTAL OTHER FUNDS	0.0	\$ -	\$ -	\$ -	\$ -	\$ -	
28	TOTAL ALL FUNDING	0.0	\$ -	\$ -	\$ -	\$ -	\$ -	
29								
30								
31		Approved:						
32		<i>(Director or Administrator, State Extension Service)</i>						<i>(Date)</i>
33								

*If total does not calculate automatically, enter the total amount;

! - If rows are added formulas to calculate totals may need to be adjusted

Totals for Other Funds will calculate automatically: cell C27-H27

	A	B	C	D	E	F	G	H	
1	COOPERATIVE EXTENSION WORK SUMMARY BUDGET STATEMENT								
2	Expanded Food and Nutrition Education Program (EFNEP)								
3									
4									
5		State:					Estimated Carryover		
6		Institution:					Current Allocation		
7		Fiscal Year Ending: September 30,					Total Funds Available	\$ -	
8									
9									
10	COOPERATIVE EXTENSION WORK BUDGET BY OBJECT CLASSIFICATION								
11									
12	EFNEP Funding	Salaries		Additional Expenses					
13		FTE	Amount	Travel	Equipment	Other Expenses	Total Amount		
14	<i>Professional</i>						\$ -		
15	<i>Paraprofessional/Technical</i>						\$ -		
16	<i>Clerical & Secretarial</i>						\$ -		
17	TOTAL	0.0	\$ -	\$ -	\$ -	\$ -	\$ -		
18									
19	Other Sources of Funding (university, county, non-tax, etc.)								
20								\$ -	
21								\$ -	
22								\$ -	
23								\$ -	
24								\$ -	
25								\$ -	
26								\$ -	
27	TOTAL OTHER FUNDS	0.0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
28	TOTAL ALL FUNDING	0.0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
29									
30									
31		Approved:							
32			<i>(Director or Administrator, State Extension Service)</i>					<i>(Date)</i>	
33									

*If total does not calculate automatically, enter the total amount;

! - If rows are added formulas to calculate totals may need to be adjusted

Totals for All Funding Sources will calculate automatically: cell C28-H28

	A	B	C	D	E	F	G	H	
1	COOPERATIVE EXTENSION WORK SUMMARY BUDGET STATEMENT								
2	Expanded Food and Nutrition Education Program (EFNEP)								
3									
4									
5		State:					Estimated Carryover		
6		Institution:					Current Allocation		
7		Fiscal Year Ending: September 30,					Total Funds Available	\$ -	
8									
9									
10	COOPERATIVE EXTENSION WORK BUDGET BY OBJECT CLASSIFICATION								
11									
12	EFNEP Funding	Salaries		Additional Expenses					
13		FTE	Amount	Travel	Equipment	Other Expenses	Total Amount		
14	<i>Professional</i>						\$ -		
15	<i>Paraprofessional/Technical</i>						\$ -		
16	<i>Clerical & Secretarial</i>						\$ -		
17	TOTAL	0.0	\$ -	\$ -	\$ -	\$ -	\$ -		
18									
19	Other Sources of Funding (university, county, non-tax, etc.)								
20								\$ -	
21								\$ -	
22								\$ -	
23								\$ -	
24								\$ -	
25								\$ -	
26								\$ -	
27	TOTAL OTHER FUNDS	0.0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
28	TOTAL ALL FUNDING	0.0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
29									
30									
31		Approved:							
32			<i>(Director or Administrator, State Extension Service)</i>					<i>(Date)</i>	
33									

*If total does not calculate automatically, enter the total amount

! Budget Sheets MUST be Signed by your State Extension Director or Administrator

	A	B	C	D	E	F	G	H	
1	COOPERATIVE EXTENSION WORK SUMMARY BUDGET STATEMENT								
2	Expanded Food and Nutrition Education Program (EFNEP)								
3									
4									
5		State:				Estimated Carryover			
6		Institution:				Current Allocation			
7		Fiscal Year Ending: September 30,				Total Funds Available		\$ -	
8									
9									
10	COOPERATIVE EXTENSION WORK BUDGET BY OBJECT CLASSIFICATION								
11									
12	EFNEP Funding		Salaries		Additional Expenses			Total Amount	
13			FTE	Amount	Travel	Equipment	Other Expenses		
14	<i>Professional</i>							\$ -	
15	<i>Paraprofessional/Technical</i>							\$ -	
16	<i>Clerical & Secretarial</i>							\$ -	
17	TOTAL		0.0	\$ -	\$ -	\$ -	\$ -	\$ -	
18									
19	Other Sources of Funding (university, county, non-tax, etc.)								
20								\$ -	
21								\$ -	
22								\$ -	
23								\$ -	
24								\$ -	
25								\$ -	
26								\$ -	
27	TOTAL OTHER FUNDS		0.0	\$ -	\$ -	\$ -	\$ -	\$ -	
28	TOTAL ALL FUNDING		0.0	\$ -	\$ -	\$ -	\$ -	\$ -	
29									
30									
31	Approved:								
32									
33		<i>(Director or Administrator, State Extension Service)</i>							<i>(Date)</i>

Reminder: each institution must submit a budget justification narrative with their budget sheet



Submission Information*

- ! Signed Budget Sheets and Budget Justification Narratives must be saved as PDF documents using Adobe 8.1.1 or higher.
- PDF documents should be submitted through grants.gov as part of your Formula Grant Opportunity (FGO) Package.